· · · · · · · · · · · · · · · · · · ·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO											a (		
Effective October 1, 2003									<u> </u>	1	5 94		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			82		·			RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			<i>6</i> m	inus 3 =	* ~			X43=		OR	X86=	7 ( (	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			column 2		OTAL	-	OR	TOTAL	102	
CLAIMS AS AMENDED - PART II								OIAL		JOH	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	)	<b>K\$</b> 9=		OR	X\$18=		
	Independent	*	Minus	***		=	;	X43=	-	OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.45			+290=		
								145=		OR	TOTAL		
								DIT. FEE	L	OR	ADDIT. FEE	<u> </u>	
	· · ·	(Column 1)		(Colun		(Column 3)			455			4.551	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	<b>\</b>	<b>(\$ 9=</b>		OR	X\$18=		
	Independent	*	Minus	***		=		<43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										000		
								145=		OR	+290=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		= .	×	\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		(43=		O.D.	X86=		
۷	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM				·	OR			
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE													
		mber Previously Pai ber Previously Pai					found i	in the app	oropriate box	k in col	umn 1.		